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|---|--|---|---|---------------------------------------|--|---|------------------------------|--|----------------------------|---|--|
| FORM 5A Rev 02/08 | State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109 |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-weight: bold;">400168516</div> | DE | ET | OE | ES | | | | |
| DE | ET | OE | ES | | | | | | | | |
| COMPLETED INTERVAL REPORT | | | | | | | | | | | |
| The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion. | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>69175</u></td> <td style="width: 50%;">4. Contact Name: <u>Jeff Glossa</u></td> </tr> <tr> <td>2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u></td> <td>Phone: <u>(303) 831-3972</u></td> </tr> <tr> <td>3. Address: <u>1775 SHERMAN STREET - STE 3000</u></td> <td>Fax: <u>(303) 860-5838</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u></td> <td></td> </tr> </table> | | | | 1. OGCC Operator Number: <u>69175</u> | 4. Contact Name: <u>Jeff Glossa</u> | 2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u> | Phone: <u>(303) 831-3972</u> | 3. Address: <u>1775 SHERMAN STREET - STE 3000</u> | Fax: <u>(303) 860-5838</u> | City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u> | |
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| <table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-123-31957-00</u></td> <td style="width: 50%;">6. County: <u>WELD</u></td> </tr> <tr> <td>7. Well Name: <u>LAJCO</u></td> <td>Well Number: <u>17RD</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>SENE</u> Section: <u>17</u> Township: <u>4N</u> Range: <u>67W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u></td> <td></td> </tr> </table> | | | | 5. API Number <u>05-123-31957-00</u> | 6. County: <u>WELD</u> | 7. Well Name: <u>LAJCO</u> | Well Number: <u>17RD</u> | 8. Location: QtrQtr: <u>SENE</u> Section: <u>17</u> Township: <u>4N</u> Range: <u>67W</u> Meridian: <u>6</u> | | 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | |
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| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | | | | | | | | | | | |
| <u>Completed Interval</u> | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 60%;">FORMATION: <u>CODELL</u></td> <td style="width: 40%;">Status: <u>COMMINGLED</u></td> </tr> </table> | | | | FORMATION: <u>CODELL</u> | Status: <u>COMMINGLED</u> | | | | | | |
| FORMATION: <u>CODELL</u> | Status: <u>COMMINGLED</u> | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 40%;">Treatment Date: <u>03/07/2011</u></td> <td style="width: 60%;">Date of First Production this formation: _____</td> </tr> </table> | | | | Treatment Date: <u>03/07/2011</u> | Date of First Production this formation: _____ | | | | | | |
| Treatment Date: <u>03/07/2011</u> | Date of First Production this formation: _____ | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 20%;">Perforations</td> <td style="width: 20%;">Top: <u>7370</u></td> <td style="width: 20%;">Bottom: <u>7378</u></td> <td style="width: 20%;">No. Holes: <u>24</u></td> <td style="width: 20%;">Hole size: _____</td> </tr> </table> | | | | Perforations | Top: <u>7370</u> | Bottom: <u>7378</u> | No. Holes: <u>24</u> | Hole size: _____ | | | |
| Perforations | Top: <u>7370</u> | Bottom: <u>7378</u> | No. Holes: <u>24</u> | Hole size: _____ | | | | | | | |
| Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/> | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px;"> Frac'd Codell with 477 bbls of slickwater pad, 628 bbls of 22# pHaser pad, 1967 bbls of 22# pHaser fluid system, 217060# of 20/40 Prefrd Rock and 8000# 20/40 SB Excel. </div> | | | | | | | | | | | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| Test Information: | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 20%;">Date: _____</td> <td style="width: 20%;">Hours: _____</td> <td style="width: 20%;">Bbls oil: _____</td> <td style="width: 20%;">Mcf Gas: _____</td> <td style="width: 20%;">Bbls H2O: _____</td> </tr> </table> | | | | Date: _____ | Hours: _____ | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | | | |
| Date: _____ | Hours: _____ | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">Calculated 24 hour rate:</td> <td style="width: 20%;">Bbls oil: _____</td> <td style="width: 20%;">Mcf Gas: _____</td> <td style="width: 20%;">Bbls H2O: _____</td> <td style="width: 10%;">GOR: _____</td> </tr> </table> | | | | Calculated 24 hour rate: | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | GOR: _____ | | | |
| Calculated 24 hour rate: | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | GOR: _____ | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">Test Method: _____</td> <td style="width: 20%;">Casing PSI: _____</td> <td style="width: 20%;">Tubing PSI: _____</td> <td style="width: 30%;">Choke Size: _____</td> </tr> </table> | | | | Test Method: _____ | Casing PSI: _____ | Tubing PSI: _____ | Choke Size: _____ | | | | |
| Test Method: _____ | Casing PSI: _____ | Tubing PSI: _____ | Choke Size: _____ | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">Gas Disposition: _____</td> <td style="width: 20%;">Gas Type: _____</td> <td style="width: 20%;">BTU Gas: _____</td> <td style="width: 30%;">API Gravity Oil: _____</td> </tr> </table> | | | | Gas Disposition: _____ | Gas Type: _____ | BTU Gas: _____ | API Gravity Oil: _____ | | | | |
| Gas Disposition: _____ | Gas Type: _____ | BTU Gas: _____ | API Gravity Oil: _____ | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 20%;">Tubing Size: _____</td> <td style="width: 20%;">Tubing Setting Depth: _____</td> <td style="width: 20%;">Tbg setting date: _____</td> <td style="width: 40%;">Packer Depth: _____</td> </tr> </table> | | | | Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | | | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | | | | | | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | | | | | | |
| Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ | | | | | | | | | | | |
| Bridge Plug Depth: _____ Sacks cement on top: _____ | | | | | | | | | | | |

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|--|-----------------------------------|---|-------------------------------------|--------------------------|------------------|
| FORMATION: <u>NIOBRARA-CODELL</u> | | | | Status: <u>PRODUCING</u> | |
| Treatment Date: _____ | | Date of First Production this formation: <u>03/25/2011</u> | | | |
| Perforations | Top: <u>7046</u> | Bottom: <u>7378</u> | No. Holes: <u>52</u> | Hole size: _____ | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Test Information: | | | | | |
| Date: <u>05/31/2011</u> | Hours: <u>24</u> | Bbls oil: <u>45</u> | Mcf Gas: <u>178</u> | Bbls H2O: <u>11</u> | |
| Calculated 24 hour rate: | | Bbls oil: <u>45</u> | Mcf Gas: <u>178</u> | Bbls H2O: <u>11</u> | GOR: <u>3956</u> |
| Test Method: <u>Flowing</u> | Casing PSI: <u>674</u> | Tubing PSI: _____ | Choke Size: <u>16/64</u> | | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1220</u> | API Gravity Oil: <u>50</u> | | |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>7356</u> | Tbg setting date: <u>06/27/2011</u> | Packer Depth: _____ | | |
| Reason for Non-Production: _____ | | | | | |
| Date formation Abandoned: _____ | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ | | |
| Bridge Plug Depth: _____ | | Sacks cement on top: _____ | | | |

| | | | | | |
|--|-----------------------------|---|-------------------------------------|---------------------------|------------|
| FORMATION: <u>NIOBRARA</u> | | | | Status: <u>COMMINGLED</u> | |
| Treatment Date: <u>03/07/2011</u> | | Date of First Production this formation: _____ | | | |
| Perforations | Top: <u>7046</u> | Bottom: <u>7236</u> | No. Holes: <u>28</u> | Hole size: _____ | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| Perf'd Niobrara "A" 7046-48' (4 holes), Niobrara "B" 7144-7148' (12 holes), Niobrara "C" 7232-7236' (12 holes) Frac'd Niobrara w/ 119 bbl FE-1A Pad, 1548 bbls Slickwater pad, 146 20# bbls of pHaser pad, 2206 bbls 20# pHaser fluid system, 238160# 20/40 Prefrd Rock and 12000# 20/40 SB Excel. | | | | | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Test Information: | | | | | |
| Date: _____ | Hours: _____ | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | |
| Calculated 24 hour rate: | | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | GOR: _____ |
| Test Method: _____ | Casing PSI: _____ | Tubing PSI: _____ | Choke Size: _____ | | |
| Gas Disposition: _____ | Gas Type: _____ | BTU Gas: _____ | API Gravity Oil: _____ | | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | |
| Reason for Non-Production: _____ | | | | | |
| Date formation Abandoned: _____ | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ | | |
| Bridge Plug Depth: _____ | | Sacks cement on top: _____ | | | |

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|-------------------|
| Comment: _____ |
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IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jeff Glossa

Title: Sr Engineering Tech Date: 7/5/2011 Email jglossa@petd.com
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400168516 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | |

Total: 0 comment(s)